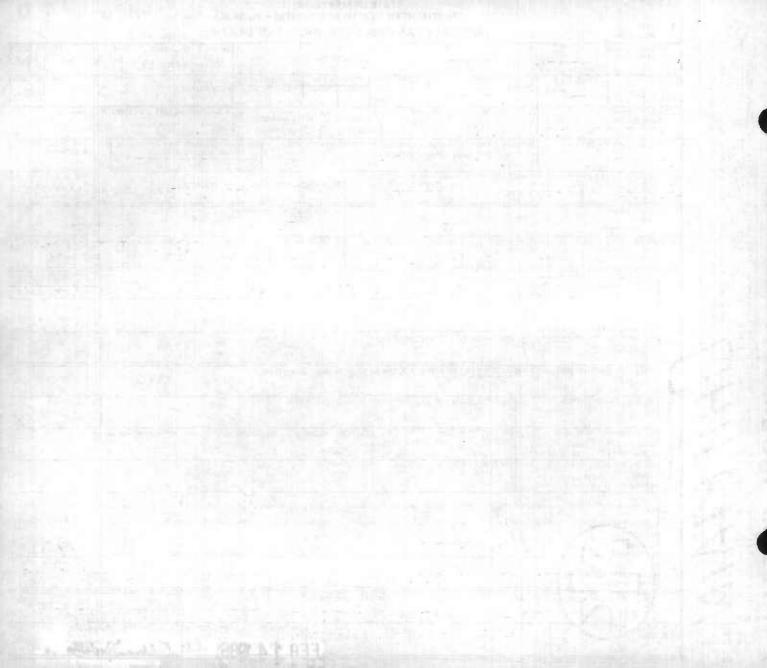
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| + | Vo | | REGISTRAR | | | | | NEK.2 | | TE OF DE | | REG. NO. | | |
| 1 8 | | | CEASED NAME | | | MIDDLE | | | LAST | | 20. DATE KNO | WN X MONTH | DAY YE | AR 2b. HOUR |
| | SES. EES. | | | WILLIA | M | JOSEPH | | BATC | | | DEATH MA | TED - | 8 185 | 1943 |
| | STREET STREET | 3. SE) | | 4. RACE | 5. DATE OF | BIRTH DAY YEA | 6. AGE (IN) | PEARS IF UN | DER 1 YR. IF L | UNDER 24 HRS. | 2c. DATE PRONOUNCED | HINOM | DAY Y | EAR 2d. HOUR |
| | NECESSARY PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN TZ HOURS | MA | LE | WHITE | SEPT. | 3 192 | 5 59 | YRS. | DATS HC | DUKS MIN. | DEAD | | 8 85 | 1943 |
| 4 | SSA | 70 B | RTHPLACE (ST. | | | OF WHAT CO | UNTRY? | 8. MAPP | ED NEVER | MAPPIED [| 9. BALTIMORE | CITY OR COUN | TY OF DEATH | |
| | S S S S | | ASHING1 | ON. D.C. | II. | S.A | | WIDOW | | NORCED [| ST. M | ARY'S | | MD. |
| | AY IS N THE FI AGE 5 | | TY OR TOWN | | | | NURSING HOA | AE, OR OTH | ER INSTITUTIO | | UAL OCCUPATION | ON (TYPE OF WORK | 12b. KIND OF | BUSINESS |
| | | LE | CNARDTO | WN | ST. | MARY'S | HOSPIT | AL. | | | CTRICAL | | ORINDI | |
| | DE SUN TOPE | USU | L RESIDENCE | F IN NURSING HOME O | R OTHER INSTITUT | TION, GIVE RESIDE | NCE BEFORE ADMIS | SION) | | 4 === | CALTON | THOTINE | K NS | CALALACA |
| | E ANY DE S. AND 3 T. S. AND 3 T. S. RETAIN S. P. COULD B. C. | 13a. S | | ARLIN | | | LINGT ON | | 13d INSIDE CITY LI | IMITS? 13e ST | 1 N. AB | INGDON S | TREET | 22203 |
| | 7 = 7 | - | ATHER'S NAME | TARLIN | GIUN | I AR | LINGIU | V | | MAIDEN NAM | | INODAY | TIGHT | |
| | ATH S. I. | 1 | FIRST | | MIDDLE | T) ACT | LAST | | MARI | | MIDDLE | 0.0 | LAST | |
| | S S S S S S S S S S S S S S S S S S S | 16a V | LOUIS | EVER IN U.S. ARA | AED EODCES | BAT | OCIAL SECURI | ITY NO | 17. INFORMAN | | Α! | DODECE | OFIELD | |
| | IMO ES 1 ON Z | (Y | ES, NO, OR UNKNO | (IF YES, GIVE | WAR OR DATES) | 100. 3 | OCIAL SECURI | III NO. | IV. IIVI OKMAI | | | | VGDON S | |
| | ESTON ST., BALTIMORE, MD. 21201 HIN 24 HOURS AFTER DEATH. IF AND IN ITEM 18. GIVE PAGES 1, 2, AND R ALONG WITH FORM PM 3, RET, SIT PERMIT. PAGES 1 AND 2 SHOUL HYGENE, DIVISION OF WITH PERMIT. | | ÆS | 1 WW 11 | | | -24-543 | 3.3 | T. DEI | ORES BA | ATCH ARL | INGTON, | | |
| | HOUN A 18. AC W ART. I | | 18. CAUSE OF | DEATH (Enter onl | y one couse p | per line for (o), | (b), ond (c).) | 1 | 1., - | / | | | DETIMEENIO | MATE INTERVAL |
| C FO | 24 H TEM TIEM LONG PERM | | | | E CAUSE (o). | 1100 | 1)461 | 19 | LYOCK | AR C. | 7 C IN | FARCTI | a sc | reads |
| | STO NEW PARTY PART | 100 | Condition | | DUE T | O, OR AS A C | ONSEQUENCE | OF | / | | | | | |
| | A ANSWER | | gave ris | s, if ony, which to immediate | (b), | | | | | | | | | |
| | W PEN KEN KEN KEN KEN KEN KEN KEN KEN KEN K | | couse (a) lying cous | stating the <u>under</u> - | DUE T | O, OR AS A C | ONSEQUENCE | OF | | | | | | |
| | CUTEI IN P IN P IN P IN P IN P IN P IN P IN | | | | (c) | | | | | | | | | Per Like |
| | PA BE | 13- | PART 2 OTNER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO | DEATH BUT NOT | RELATED TO THE TEN | MINAL OISEASI | OR CONDITION GIV | 'EN IN PART 1 (a). | | | | |
| | DIVISION OF VITAL RECORDS, 301 W. PREST CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER A E 3 SHOULD BE USED AS A BURIAL-TRANSIT E DEPARTMENT OF HEATTH AND MENTAL HY PRICE TO BURIAL, CREMATION, OR REMOVAL | CERTIFICATION | | | | | | | | | | | | |
| | ALREA LOUID OF "PER LOUID OF HE LOUID OF H | 13 | 19a. DATE OF | OPERATION | 19b. C | ONDITION FO | OR WHICH OPE | RATION W | AS PERFORMED | 0? | | 0.00 | 20. AUTOP | SY? |
| | F VITA WORD WORD TE CHI | Ē | | | | | | | | | | | YES [| NO X |
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| | DIVISION OF VITA CERTIFICATE SH RITING THE WORE ROED TO THE CH E 3 SHOULD BE UE E DEPARTMENTO PRIOR TO BURIAL | MEDICAL | 21d INTURY O | CCURRED | 21e. PI | LACE OF INJU | RY (AT HOME, | | CATION | | | | | |
| | DIVIS THIS CER WRITING WARDED PAGE 3 S TATE DEP | E | WHILE AT WORK | NOT WHILE | STRE | ET, FACTORY, FAR | M, ETC.) | S | TREET | | CITY OR TOWN | C | YTAUO | STATE |
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| | E H E H E H E | | death resulta | d from: Natur | nl course | , Accide | nt 🔲, S | vicide | , Hamicide | | termined manner | , | | |
| | EXA E CERT OULD OULD H, WIT MARY! | | ACTUAL | 1m | 160 | 1 | - | | TITLE (SPEC | (IFY) | | DATE | 26 | 2105 |
| | ALIA- | 0 | SIGNATURE_ | 0 | "0" | 1 | | M | D | ME[| DICAL EXAMINER | SIGN | ED. | 10. |
| | EDICA OTE THE SHOWER | 1 | EXAMINER'S | NAME WILLIA | M ROYI | D. 11 | M.D. | | Je | effersor | Street | Leonard | dt.own | Mary land |
| | TO MEDIC EXECUTE TO FORE 4 SI | 100 0 | | 7 | | | | | ADDRESS | | | 20 0.10.2 | | |
| aac | TIALALA | (5 | PECIFY) | ION,REMOVAL 2 | | | c. NAME OF CE | | | | OCATION OR TOWN | | UNTY | STATE |
| 111 | BP | 24 F | BURIAL | | 2-12-85 | 5 F | AIRFAX | MEMOR | RIAL PAF | RATE PECID A | IRFAX | FAIRFA | X VIRG | INIA |
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Huntt Funeral Home, Waldorf, Maryland

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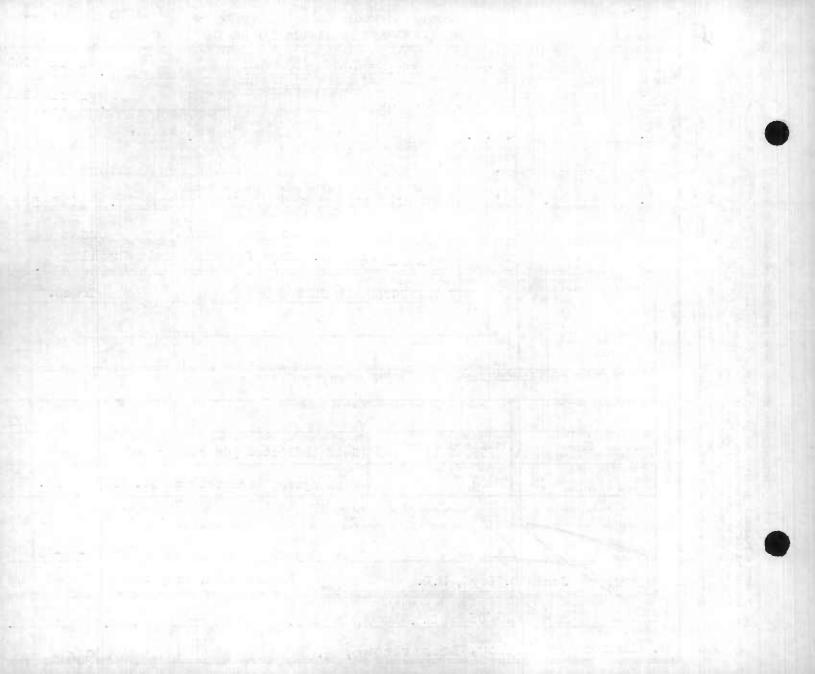
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OF PRINT) 0242 ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS DEATH MATED James Howard Theodore Buckler Feb. 171985 4 RACE & AGE (IN YEARS | IF UNDER 1 YR 3. SEX 7d HOUR DATE PRONOUNCED 0242 Male June 16,1964 DEAD White 2 ORS Feb. 17 1985 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. WIDOWED [DIVORCED St. Mary's B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY St. Mary's Hospital Leonardtown Heating & Plumbing BUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 le STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. St. Mary's Leonardtown YES NO Washington St. (20650)FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Buckler Cusic Lerov Rose Marie In WAS DECEASED EVER IN U.S. ARMED FORCES IAN SOCIAL SECURITY NO W.Leroy & Rose Marie Buckler Mother & Father Same as 1 219-90-3398 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI PARTIDEATH WAS CAUSED BY: SELF INFLICTED GUN SHOT WOUND Immed. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE, WORD EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PROR TO BURILD. NO XX YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING NOR 0135 M 2 17 Self inflicted gun shot wound CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME. 21f. LOCATION Home Washington Leonardtown St. Mary's WHILE NOT WHILE Inquiry X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Suicide XX death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE 2-18-85 Deputy MEDICAL EXAMINER Leonardtown, Maryland James C. Boyd, M.D. 230 BURIAL, CREMATION, REMOVAL DISTANT 23d LOCATION Burial STATE 2/20/85 St. Aloysius Cem. M. Leonardtown, St. Mary's Md 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** W. Clarke Mattingley, Leonardtown, Md. (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME TYPE OF PRINTS 8:40 P February 14, 1985 LOTTIE MARTON CHING 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE White March 6,1913 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED St. Mary's County Maryland USA DIVORCED WIDOWED 120 USUAL OCCUPATION IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Mary's Hospital Leonardtown SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE St.Mary's Mechanicsville Rt. 3 Box 237 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Luke Oliver Susan Irene Braybury 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES Roy Nelson Ching Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (and not+yew the body after death 22¢ DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) James C. Boyd. M.D. Leonardtown, Maryland 230. BURIAN CREMATION, PENOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial Chaptico St. Mary's 2/18/85

REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT:

24 FUNERAL DIRECTOR

Charke Mattingley, Leonardtown, Md.

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Estimo aligni.

James C. Boytt, B.M.

Arehart Funeral Home, Inc. La Plata, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

Zip:

20640

Joeckel

COUNTY

STATE

2:50P

IF UNDER 24 HRS

1985

IF UNDER I YEAR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| I. DE | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | |
|-----------------------|--|--|--|--|--|--|------------------|--|---------------------------------------|
| 11486 | CEASED NAME FIRST | | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH | DAY YŁAR | 18 110011 |
| LITPE | ESTELLE | ELI | ZABETH | CRA | WLEY | February | 27, | 1985 | 2:00 P |
| 3. SE | (| 4 RACE | A Thomas | 5. DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DA | |
| | Female | Cauca | sian | Feb | | 9 | 0 4 | RS MONTHS DA | YS HOURS MIN. |
| a. B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | | |
| | Wash.,DC | U.S. | Α. | WIDOWE | | St. Mary | 's C | ounty | M |
| | TY OR TOWN OF DEATH | | | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | | | D OF BUSINESS OR |
| | Leonardtown | St. Ma | ary's Hos | pital | | TYRO CORK FORCE | erk | AC CIEE I INDUST | KT |
| 3n | AL RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | S / 71D C | ODE | |
| | | Mary's | Leonard | town | YES P NO | | | Cane | 20650 |
| . F/ | THER'S NAME | WIDDLE | 1863. | | 15 MOTHER'S MAIDEN NA | MIDDLE | | | |
| | Frank | MiDDLE | Wils | 3011 | Emma | MIDDLE | | Go | ckler |
| | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADD | RESS 1 | 705-Ce | dell Pl |
| (| (IF YES, GI | AE MAK OK DATES! | 014-24. | 4651 | Robert A | .Crawley- | Car | np Spr | ings, Md |
| | IL CAUSE OF DEATH (Enter of | nly one cause per | Sept for for Mr. Mr. and | dimit o | . 10 | 1 | | RETWO | EN OWNER WATER |
| | PART I. DEATH WAS CAUSE | TE CAUSE IOL | Cardio | Rule | moracita | ellers | 3. | 1 | 22 |
| | | | R AS A MONSEQUE | boson | 1001- | , / | | | 1 |
| | | | | | | | | | 46 1 |
| | Conditions, if any, which | (10)_ | 1441 | roler | deal to | rellera | | 6 | nos |
| | Conditions, if any, which gave rise to immediate cause to stating the | DUE TO O | 1941 | roar | deal to | rellera | - | 1 | nos |
| | gave rise to immediate | DUE TO, O | 1941 | roar | Abstructive | Pulmora | rus | 2 1 | vos Vss |
| | gave rise to immediate cause to storing the | 1 10_ | RAKT CÖYKEQUE | roan | Acal Joshnows | Pulmas Pulmas | nopion | GIVEN IN PAR | ys I |
| ION | gave rise to immediate cause (a), starting the underlying cause last | 1 10_ | RAKT CÖYKEQUE | roan | Abstractors NOT RELATED TO THE TERM | Pulmas Pulmas Minas disease or co | ruy Notion | GNEN SI PAN | y s |
| CALIND | gave rise to immediate cause (a), starting the underlying cause last | CONDITIONS CO | RASA CONSEQUE | HORY NCLOF (NCLOF) | Acal To Abstract To THE TERM | PULLMAN AINAL DISEASE OR CO | 20k 0 | YES, WERE FIN | DINGS USED |
| STITICALIUM | gove rise to immediate cause is stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | CONDITIONS CO | RASA CONSEQUE | HORY NCLOF (NCLOF) | | | 20k 0 | 1 | DINGS USED |
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| MEDICAL CERTIFICATION | gove rise to immediate course to storing the underlying course float PART 2 OTHER SIGNIFICANT 19s DATE OF OPERATION 19s DATE OF OPERATION 19s DATE OF OPERATION 19s DATE OF OPERATION 21s DATE OF OPERATION 22s DATE OF OPERATION 23s DATE OF OPERATION 24s DATE OF OPERATION 25s DATE OPERATION 25 | THE PLACE (AT HOME SO | THON FOR WHICH THON WHICH THON THON THO | COPERATION VEAR | THE HOW ENJURY OCCUR THE LOCATION THE LOCA | No. AUTORSY? VES NO. RED TENTER HARLIST OF STATE OF STAT | dote and | YES, WERE FINE RIPYING CAUSE TO SEAL T | L, that (h (see los the couses stated |

H. ADDRESMd.

Nalley's Inc.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health IMPORTANT: If hem 21 is

(VRA 15, 4)

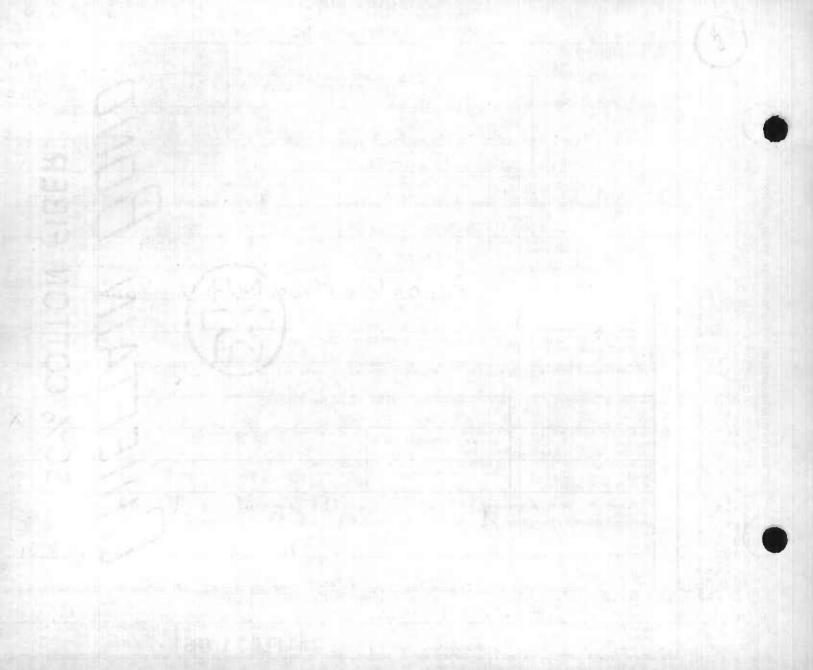
24 FUNERAL DIRECTOR

christs 27, 1915 2:00 P YELLARD HYSELLE, SAR THE nrimnosal Degonation . C. C. EVI DU. LENGT Strong Court of property and reason the property of the property and the ne alle . The land of the state of the land - the state of the land - the state of the land - the state of the state

> Course I'm . . . of his Con-J. Patrice Janoo, E.L.

DENNING PARTIES AND THE APPLICATIONS OF THE PROPERTY OF THE PR

| | | | FOR | | | | ARYLAND LAND MENTAL H | YGIENE 5 | 6 1 5 6 |
|--|---|-----------------------|--|-----------------------|--------------------|----------|--------------------------|---|---|
| - | A) | | STATE REGISTRAR | MEI | DICAL EXAMIN | NER'S | ERTIFICATE O | F DEATH REG. NO. | |
| | (6) | 1. DE | CEASED NAME FIRST | | WIDDLE | | LAST | 20. DATE KNOWN X | MONTH DAY YEAR 26. HOUR |
| | W & 31 (P) | (TYP | E OR PRINT) JAMES | S GI | REGORY | CU | RRY | OF ESTI- | FEB. 5, 1985 1710 |
| | TREE STATE | 3 SEX | | S. DATE OF BIRTH | YEAR LAST BIRTH | | DER 1 YR. IF UNDER | | MONTH DAY YEAR 2d. HOUR |
| | DIRE OUR NO 3 | М | ale White | Sept.22 | | | HOURS HOURS | PRONOUNCED DEAD Feb | . 5, 19 85 (700) |
| | SESTIN Y AL | 7a. B | RTHPLACE (STATE OR REIGN COUNTRY) | 76. CITIZEN OF WE | AT COUNTRY? | B. MARR | ED ENEVER MARRI | BALTIMORE CITY OF | COUNTY OF DEATH |
| | S NECESSARY, PLEASE ETUNERAL DIRECTOR E 5 FOR YOUR FILES D. WITHIN 72 HOURS W. PRESTON STREET | Но | llywood, Md. | U.S. | | WIDOW | | Derialy | |
| - 1 | AAY IS PAGE 5 AGE 5 PHIED, 201 W | ID C | TY OR TOWN OF DEATH | (IF NOT IN SUCH FA | PITAL, NURSING HOA | | ER INSTITUTION | 12a. USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE) | OF WORK 126 KIND OF BUSINESS OR INDUSTRY |
| | SELAY IS TO THE F PAGE BE FILED DS, 201 V | | eonardtown, | St Mar | | | | | |
| 201 | C C C PI | 13a S | AL RESIDENCE (IF IN NURSING HOME TATE 136. COUN | ITY | 13c. CITY OR TOWN | SION) | | 13e STREET ADDRESS | 20650 |
| . 21201 | AND SHOUL | | | ary's | Compton | | YES NO X | | Leonardtown |
| WD. | | 14, F | ATHER'S NAME | WIDDIE | LAST | | 15. MOTHER'S MAIDE | N NAME MIDDLE | LAST |
| ORE | GES 1, M PM AND 2 | 14) | | | seph Cui | cry | Pearl 17. INFORMANT | Agnes | Brown |
| BALTIMORE, | S AFTER DE GIVE PAGE ITH FORM PAGES 1 AI IVISION OF | 16a. V | | WAR OR DATES) | | | | | nardtown,Md. |
| BAL | JRS AFT 8. GIVE WITH F T. PAGE DIVISIO | | NO 18 CAUSE OF DEATH (Enter or | | | 5587 | Mabel A. | Curry Rt.2, Bo | APPROXIMATE INTERVAL |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18, WEDED TO THE CHIEF MEDICAL EXAMINER ALONG W GE 3 SHOULD BE USED AS A BURNAL-TRANSIT PERMIT. ITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D ZOT PROR TO BURNAL, CREMATION, OR REMOVAL. | NO | Conditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS | (b) | AS A CONSEQUENCE | OF OF | | AdiAL ZWIAI | |
| - M | HEAL CALL | ATIO | 190. DATE OF OPERATION | 196 CONDIT | TION FOR WHICH OPE | RATION W | 'AS PERFORMED? | | 20 AUTOPSY? |
| ITAI | SHOULD ORD "PE CHIEF A CHIEF A CHIEF A CHIEF A CORNAL, C | TFIC | | | | | | | YES NO NO |
| ISION OF V | CERTIFICATE S TING THE WO SED TO THE O 3 SHOULD BE DEPARTMENT PRIOR TO BE | MEDICAL CERTIFICATION | 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210 INJURY OCCURRED | DEATH P.M | MONTH DAY YEA | R | OW INJURY OCCURRE | D (ENTER MATURE OF MJURY IN ITEM 18 PA | ART 1 OR PART 2) |
| NO. | E. THIS CERTIF TE, WRITING RWARDED TO PAGE 3 SHO STATE DEPAF STATE DEPAF STATE DEPAF STATE DEPAF STATE DEPAF STATE DEPAF | WE | WHILE NOT WHILE AT WORK | STREET, FACT | FORY, FARM, ETC.) | | TREET | CITY OR TOWN | COUNTY STATE |
| • | EXAMINER CERTIFICAT OULD BE FO DIRECTOR I, WITH THE MARYLAND | | 220. I certify that I took chardenth resulted from | ge of the remains des | | Autap | Hamicide TITLE (SPECIEY) | Undetermined manner | DATE 2 - 7 - SI |
| | TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE. | | 10 | lliam D. | Boyd 11 | м. | ADDRESS Leoi | nardtown,Mary | |
| | DAY OF A | 23a.B | URIAL, CREMATION, REMOVAL | | 23c NAME OF C | | | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| 07/B4 | BP | | | Feb. 8,19 | 85 Charle | es Me | emorial | Leonardtowns | t Mary's.Md. |
| 25M | DHMH - 17 | | UNERAL DIRECTOR Clarke Matti | ADDRESS | | | | REC'D. BY REGISTRAR 256, REGIS | TRAR'S SIGNATURE |
| | (VD ATE AME (E)) | 747 | Clarke Matti | naley Le | onardtown | 1-Mai | Vland FF | HI TURK CHARA | Davidson-Randall |



| | STATE U | FMARY | AND | |
|------------|---------|---------|-----------|---------|
| DEPARTMENT | OF HEA | LTH AND | MENTAL | HYGIENE |
| 450 | | ATE OF | D.F.A.TIL | |

| 1 | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTAL HY | GIENE | REG. NO. | | | | |
|---------------|--------------------------------------|---|--------------------------|-----------------------------------|--------------|---|------------------|------------------|------------------|------------------|----------|----------------|
| | ECEASED NAME | FIRST | | MIDDLE | LA | AST | 20 DATE OF I | | NTH DAY | YEAR | 26 HOL | R |
| 1111 | PE OR PRINT) | PAUL | W | ILSON | DE | AN | Febru | ry 23 | , 1985 | | 6:15 | A M |
| 3. SI | EX | | RACE | | 5. DATE O | | & AGE (IN YEA | RS LAST BIRTHDA | MONTHS | ER I YEAR | IF UNDER | 24 HRS MIN. |
| | Male | | White | | Jül | y 30°, 1915 | 6 | 9 | YRS | | 7.00.00 | 71.0 |
| 7a. E | | OR FOREIGN 1 | b. CITIZEN OF | WHAT COUNTRY | Y? 8 | NEVER MARRIED | 9 BALTIMOR | CITY OR C | OUNTY OF D | EATH | | |
| | Md'. | | U.S.A | | WIDOWE | D DIVORCED | S | t. Many | 18 | | | WE |
| | Leonard to | m | St. N | lary s | Hospi | r other institution tal | 120 USUAL O | | | KIND C DUSTRY | F BUSIN | SSOF |
| 13a | ual residence (IF NI State Md. | | ary's | Drayd | WN I | 136 INSIDE CITY LIMITS? | | DDRESS / ZI | P CODE | 210 | 03 | 0 |
| 14. F | Robert | н. | MODLE | Dean | | Leila | ame Ma | MIDDLE | J | ОУ | it | |
| 16a | WAS DECEASED EV | | | 166 SOCIAL SE | CURITY NO | 17 INFORMANT | 30 L 1773 | ADDRESS | | | | |
| | (YES, NO OR UNKNOWN) | (IF YES GIVE | WAR OR DATES) | 213-03 | -4388 | Edna M. De | ean, | Same | as ab | ove | | |
| TION | Prear | GNIFICANTO | - , (| entre | wazer | NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 LOS LICESE J WAS PERFORMED 1 200 AUTOPSY? 1 700 IF YES, WERE FINDINGS USED | | | | | | |
| CERTIFICATION | 1190 DATE OF OPE | RATION | 196 COND | IIION FOR WHIC | CH OPERATIO | N WAS PERFORMED | 100 | | VES | | | TH? |
| | 210 ACCIDENT WAS I | CAUSE OF DEAT | In . | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCU | JRRED (ENTERNAT | IRE OF INJURY IN | ITEM 18 PART I O | R PART ?} | | |
| MEDICAL | 216 INJURY OCCU | WHILE WORK | 21e PLACE (AT HOME ST | OF INJURY REET, FACTORY, OFFIC | E FARM ETC) | 21f LOCATION STREET | | CITY OR TOWN | C | OUNTY | | STATE |
| | | 22a 1 certify that (1) (this hospital) attended the deceased from | | | | | | | | | | |
| | sow the dece obove, (1) (we | ased alive on (did) (did not | View the Eody | otter death. | | id that in (my) (aur) opinia | n death accurred | an the date | | - | | ated |
| | 77h SIGNATURE | 1 | 1 | | | DEGREE ATTENDING | MEDICAL _ | STAFF | | 2 DATE | SIGNED | /2. |
| | 221. PHISEICIAM'S | NAMESTO | (Med) | | | PHYSICIAN 122e ADDRESS | DIRECTOR | PHYSICIAN | 1 | 1 | 03/ | 0 - |
| | 1// | | d, M.D. | | | | town, Ma | ryland | 20650 | | | |
| | BURIAL PREMATIO | The second second | 23h DATE | | NAME OF C | EMETERY OR CREMATORY | 736 LOCA | ION | | | | |
| F | Burial | 0 | 2/26/ | '85 S | t. Geo: | rges Cemet | ery Val | lev 1 | Lee St | Ma | rvis | 5 M |

Mattingley, Leonardtown, Md.

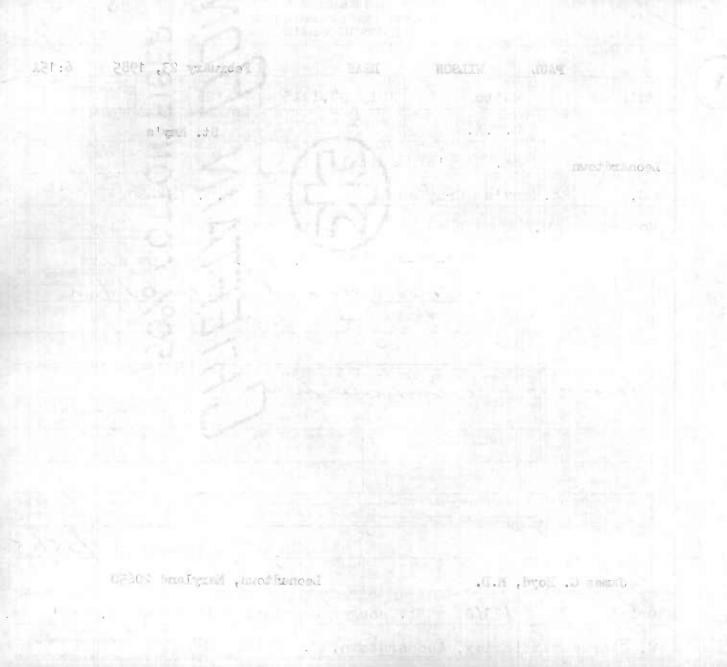
FEB 26 1985 Fisher Devideon - Handelle

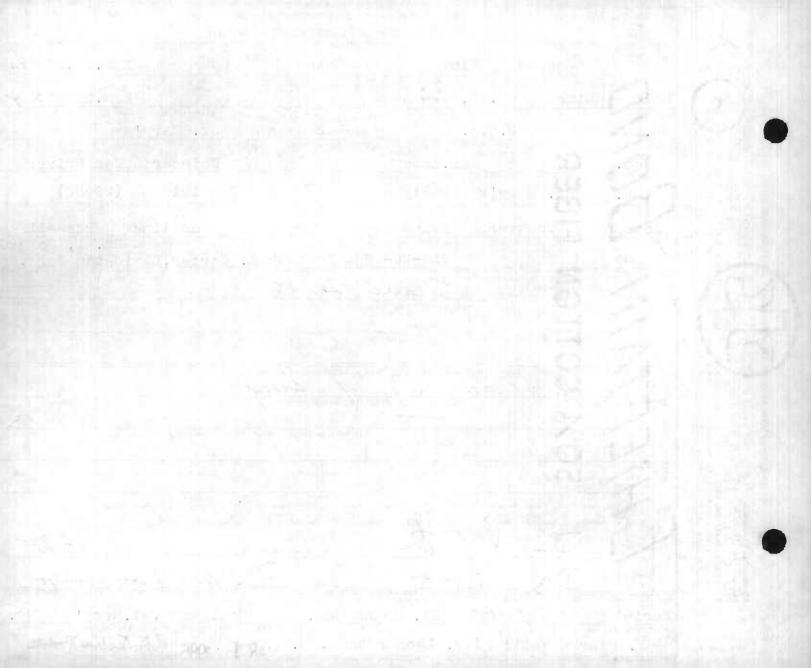
DHMH - 16 60M 7/B4 (VRA 15, 4)

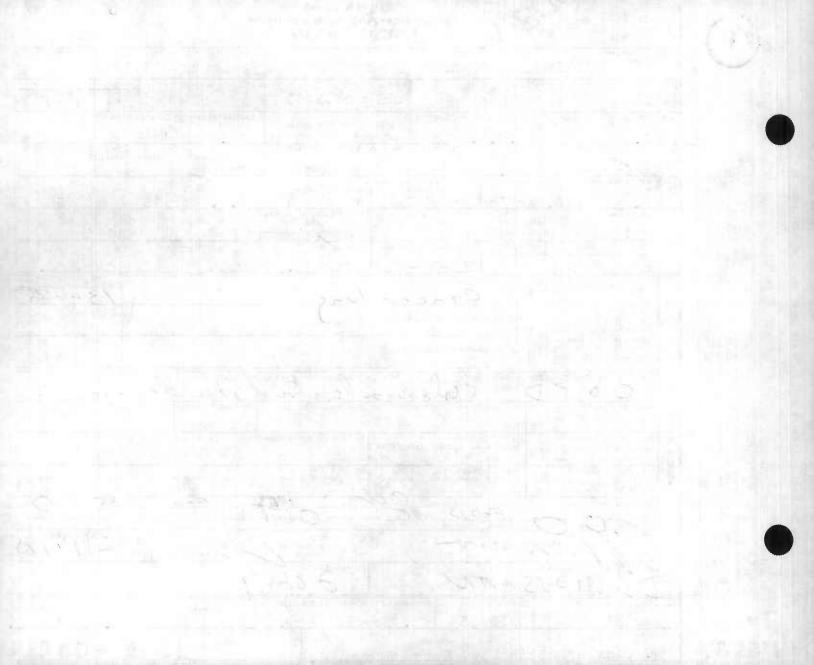
BP.

MPORTANT: If Hem 21 is

74 FUNERAL DIRECTOR
W. Clarke







1.5EX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. TASE TO DATE OF DEATH: MONTH. SHY DECEASED NAME Fi852 YEAR. 2b. ++OUR CTYPE CHEMING JOHN EDWARD HARDING February 1985 4 RACE 5. DATE OF BRTH Aug. 18, 1907 White Male TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 50 Md. U.S.A. St. Mary's WIDOWEDT DIVORCED [] B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 174 KIND OF BUSINESS OF Farming t. Mary Leonardtown s Hospital USUAL RESIDENCE IF HURSING HOME OF OTHER HISTITUTION, OHE RESIDENCE BEFORE ADMISSIONED THE STATE

13b. COUNTY

13b. COUNTY

13b. COUNTY DE STREET ADDRESS / ZIP CODE THE INSIDE CITY LIMITS? Md. St. Mary's Mechanicsville Rt. 3. Box 353 NO X IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Samue 1 Harding Jane Tippett Sarah 146 SOCIAL SECURITY NO. to WAS DECEASED EVER IN U.S. ARMED FORCES? 12 INFORMANT NO OF DIMENOWN I UP YES DINE WAS DEDATED. 218-32-9670M Mary D. Tayman Same as above METWOOD WATE BUTEFURE METWOOD CHOICE BATEFURE II CAUSE OF DEATH (Forer only one course per line for all PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE to Conditions, if any, which gove rise to immediate course to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART THE 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSYT 10s. IF YES, WERE FINDINGS USED. THE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOG NO IT 21s ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED (SINTERNATURE OF HILLIES IN TEACH WARF CONTACT IN HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH EFFERRER NOTET MEDICAL TRAMPIERS F.M. 714 INJURY OCCURRED III. LOCATION THE PEACE OF INJURY CITY OF TOWN COUNTY STATE (AT NOME STREET PACTORS OFFICE FARM ETC.) ALMOST ALMOST E 77x I certify that Carl basemal attended the deceased from e on 229 19 and that in imy) (sur) opinion death accurred on the date and hour and from the course stated 774 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 724 PHYSICIAN'S NAME (THE OFFICE) 77# ADDRESS David Allen, M.D. Leonardtown, Md 73r. NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION, REMOVAL 73s DATE Burial 3/4/85 Queen of Peace Cem . Helen St. Mary's Md.

25a DATE REC D. BY REGISTRARIZS REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. Clarke Mattingley , Leonardtown, Md.

Wedler Holds Horvey

STATE OF MARYLAND

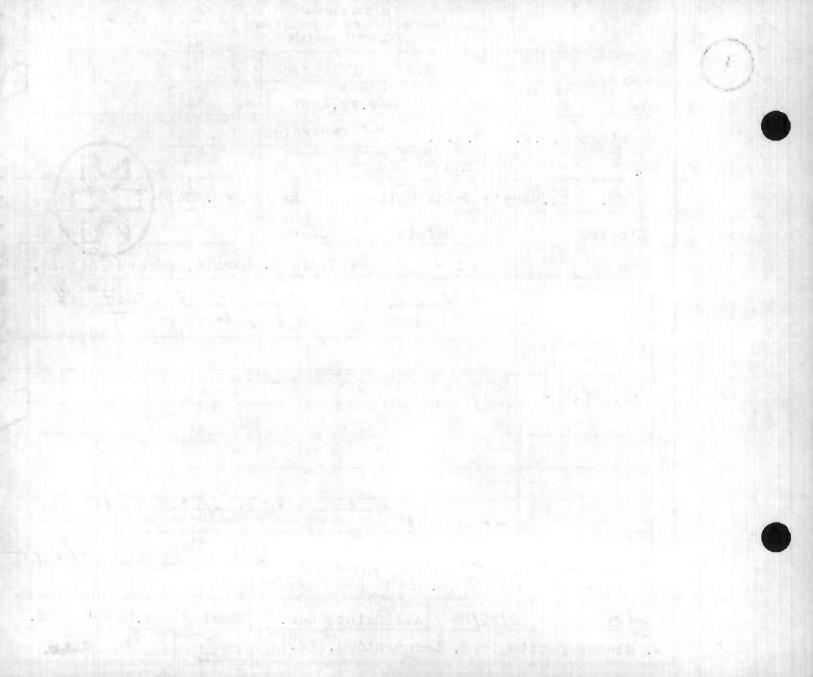
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

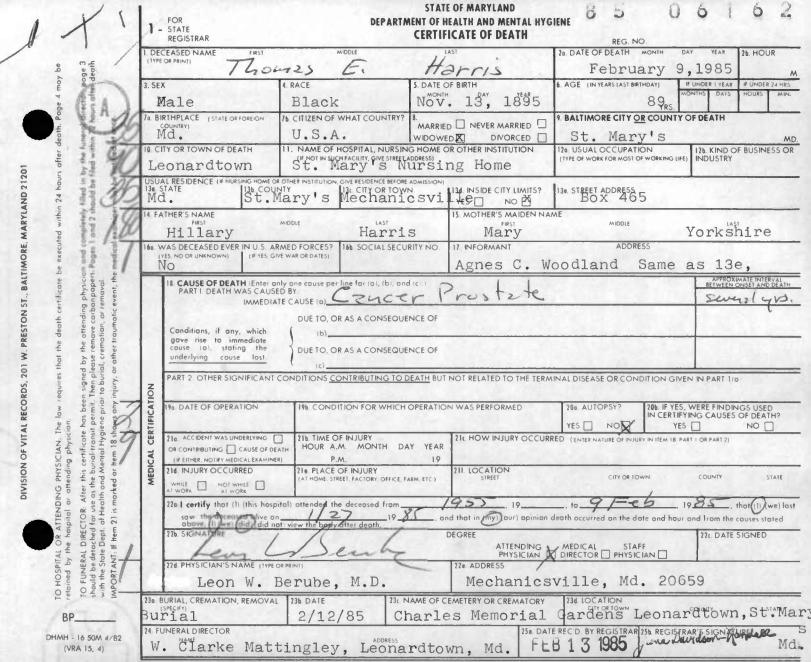
| | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYG | REG. NO | ٥. | , 0 , | | |
|---|-----------------------|--|----------------|---------------------------|--|------------------------|---|---|---------------|--------------------|-----------------|--|
| | | CEASED NAME | LLUS | HOWE | H | ARRIS | February | 3:11A _M | | | | |
| 1 | 3 SE) | X 4. RACE | | | - 48 | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | [HDAY] | MONTHS DAYS | IF UNDER 24 HRS | |
| 0 | - | ale | | Black | 2 | Nov | .19,1907 | 77 | YRS. | | | |
| 1 | 0 | RTHPLACE (SIATE O | | | WHAT COUNTRY? | 8. MARRIE WIDOWI | SEPERARBET | St. Mai | _ | | MD. | |
| 2 | | ronardt Leonardt | | | HOSPITAL, NURSIN | | ospital | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O | | | F BUSINESS OR | |
| | | AL RESIDENCE (# NU STATE Md. | | other institution lary 's | GIVE RESIDENCE BEFORE TO WE Great | | 13d. INSIDE CITY LIMITS? YES NO 13 | 13. STREET ADDRESS | JZIP CO | DE 206 | 34 | |
| 1 | I4 FA | Richard | | WIDDLE | Harri | S | 15 MOTHER'S MAIDEN NAM | MIDDLE | | Unkno | | |
| | | VAS DECEASED EVE YES, NO OR UNKNOWN) | | MED FORCES? | 166 SOCIAL SECU | RITY NO | Wallace R. | Harris, B | | | Perkinghts,0h | |
| | MEDICAL CERTIFICATION | PART 2 OTHER SIG | CVA | | | | NOT RELATED TO THE TERM | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | |
| 4 | RTI | 210 ACCIDENT WAS U | AIDERI VINIC F | 7 21b. TIME C | NE IN III IDV | | 11. HOW MILLION OCCUPA | YES NO YES NO NO | | | | |
| Н | I CI | OR CONTRIBUTING | CAUSE OF DE | HOUR A. | M. MONTH DA | YEAR | 216 HOW WOOK! OCCUR | CENTER NATURE OF INJUI | IN IN I EM IE | B PART ORPARI 2) | | |
| | MEDICA | (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOT NAT WORK | RRED | 21e PLACE | .M. OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
| | | 22a. I certify that (saw the dece above, (I) (we) 22b. SIGNATURE | ased alive an | · · | 19 1 | 51/0 | nd that in (my) (aur) apinion of DEGREE | death occurred an the do | | our and fram the | | |
| | | | ames | | d ,M.D. | | PHYSICIAN 1 220 ADDRESS Leonard | RECTOR PHYSIC | | 1 7 | 18/83 | |
| | B | BURIAL, CREMATION (SPECIFY) Urial | , REMOVAL | 2/21 | | | emetery or crematory ints Cem. | Oak ley | | . Mary's | | |
| | | . Glarke | e Mat | tingle: | y , Leor | nardt | cown, Md | E REC'D. BY REGISTRAR | .e. 300 | STRAR'S SIGNAT | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH

WIDOWED

80

Lee

REG. NO.

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME [TYPE OR PRINT] **JOHN** HENRY HILL

20 DATE OF DEATH 26 HOUR February 6, 1985 6 AGE (IN YEARS LAST BIRTHDAY)

3. SEX Aug. 16, 1904 FAR Male Black Male TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Md.

9 BALTIMORE CITY OR COUNTY OF DEATH

Sarah

St. Mary's County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFET

10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION St. Mary & Hospital Leonardtown . USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

(IF YES, GIVE WAR OR DATES)

4 RACE

13d INSIDE CITY LIMITS? St. Mary's Chaptico NOX YES [15. MOTHER'S MAIDEN NAME

01d Hurry Rd

14 FATHER'S NAME Charles Edward 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Md.

(YES NO OR UNKNOWN)

166 SOCIAL SECURITY NO 214-18-8064

17 INFORMANT

Mary Lettie Stevens, Hollywood, Md.

Barber

BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

21f LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Charles Memorial

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION

23b. DATE

2/9/85

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F

718 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC |

CITY OR TOWN COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

saw the deceased of e on obove, (1) (we) (did id id 22b. SIGNATURE

ATTENDING

221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYP) OF PRINT James C. Boyd. M. D.

22a | certify that (I) (this haspital) attended the deceased from

Leonardtown, Maryland 20650

MEDICAL

23d LOCATION

23a. BURIAL CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

W. CTarke Mattingley, Leonardtown, Md.

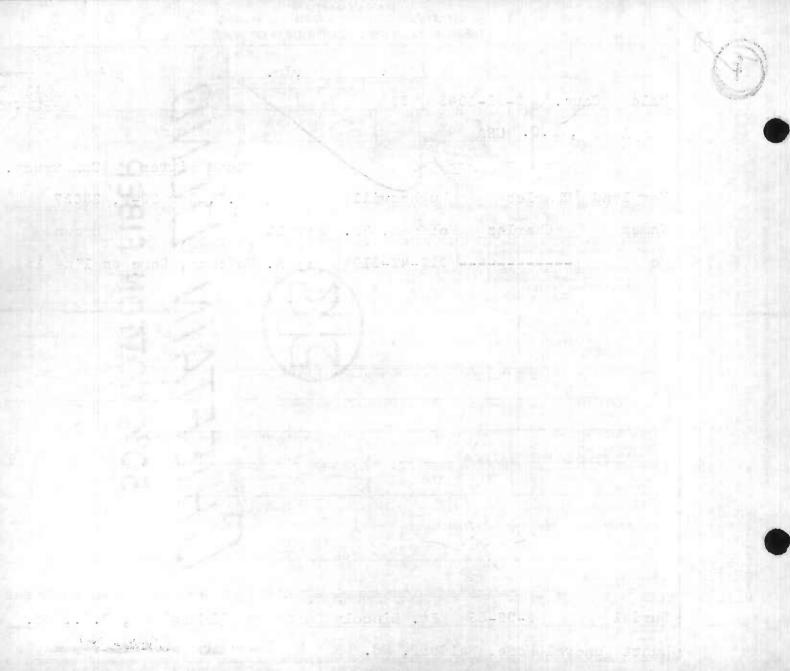
ddns. Leonardtown, St. Mary's 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNAPORE CERTAINS

DHMH - 16 60M 7/B4 (VRA 15, 4)

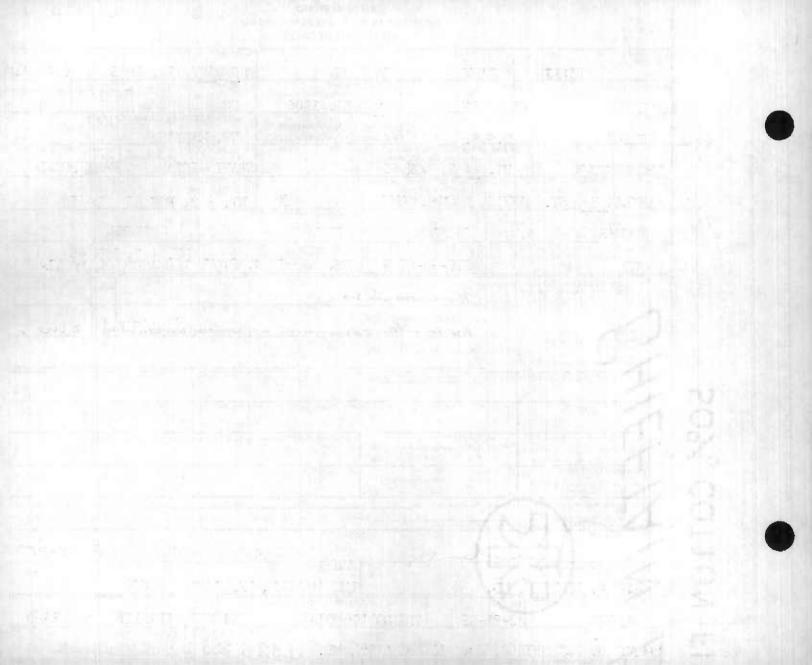
2:50 TORI . O TILLIANS THE THE PARTY AND LEADS St. Sample County Junes U. Fort, M. E. Leonardtown, Raryland 20050

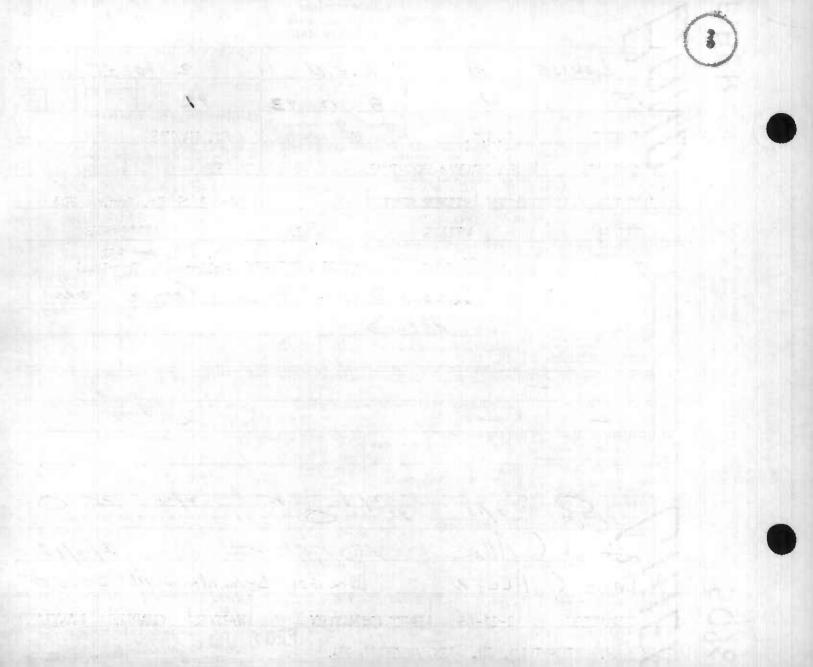
. Of the state of

STATE OF MARYLAND



| ν | | 1 - | FOR STATE REGISTRAR | | DEP | ARTMENT OF | E OF MARYLAND BEALTH AND MENTAL H CICATE OF DEATH | | G. NO. |) 6 ! | 5 5 |
|--|----------------------------|---------------|---|------------------------|-----------------------------------|----------------------|---|-------------------------------|-------------------|---|---|
| | | | CEASED NAME FIRST | | WIDDLE | | IAST | 20. DATE OF DE A | тн момтн | DAY YEAR | 26 HOUR |
| may be page 3 | | | BILLI | | HY | | KSON | FEBRUARY | | 1985 | 6:05 A.M |
| 4 mo | | 3. SE | (| 4. RACE | | S. DATE | H DAY YEAR | 6. AGE IN YEARS L | AST BIRTHDAY) | MONTHS DAY | |
| age ge | 1 | | EMALE | CAUCAS | | MARC | H 31, 1906 | 78 | YR | | |
| th. Po | a) 4 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | - WHAT COUN | MARRIE | D NEVER MARRIED | | | NIT OF DEATH | |
| deo de | 0 | | TANSAS TY OR TOWN OF DEATH | U.S. | A. HOSPITAL N | WIDOW URSING HOME | DIVORCED DIVORCED | ST. MA | | 12b, KIND | MD. OF BUSINESS OR |
| of the | | N. | | | JCH FACILITY, GIVE | | | STATISTI | MOST OF WORKIN | G LIFE) INDUSTR | BOARD |
| ours ours | 8/1/ | USU. | CONARDTOWN AL RESIDENCE IF NURSING HOME STATE 13b. CC | E OR OTHER INSTITUTION | N. GIVE RESIDENCE | BEFORE ADMISSION) | Lamair Alleria | | | Dium | Dorut |
| 24 h 24 h | 200 | | RYLAN D ST. | MARY'S | LEONAF | SDLOMN | 134 INSIDE CITY LIMITS | ? 13e STREET ADDI | | 65 20 | 650 |
| Thun thun | 1/ | | THER'S NAME | | ръслеч | | 15. MOTHER'S MAIDEN | NAME | | | |
| MAR ad w | *() | | THOMAS | A. | JACKSC | ON | BERTHA | MIE | BA | RGER | LAST |
| ORE, I | | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 166. SOCIAL | SECURITY NO. | 17. INFORMANT | | DDRESS # | 2. BOX | 65 |
| IMO n an | med | | NO NO | S. GIVE WAR OR DATES) | 577-50 | 0-0785 | MRS. BOBBIE | J. STOUT | LEONAR | DTOWN, | MARYLAND OXIMATE INTERVAL EN ONSET AND DEATH |
| RDS, 201 W. PRESTON S equires that the death ce in signed by the attending Then please remove carbs to burial, cremation, or r | injury, ar other traumatic | NOI | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | (b)_ DUE TO, (c)_ | OR AS A CONS | SEQUENCE OF | CALCESSAME TO THE TO THE TO | - Primary ERMINAL DISEASE OR | | 4 | 2 m , |
| L RECORDS, ne law requir on. has been sig permit. Then | À G | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | DITION FOR W | HICH OPERATION | DN WAS PERFORMED | 200 AUTOPSY | IN CE | YES, WERE FINI RTIFYING CAUS YES [] | DINGS USED SES OF DEATH? |
| DF VITA CIAN: The physicic rithicate rational | 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM | F DEATH HOUR | OF INJURY A.M. MONTH | H DAY YEAR | 21c. HOW INJURY OCC | CURRED (ENTER NATURE) | OF INJURY IN ITEM | 18 PART 1 OR PART 2 | n |
| DIVISION OF VITAL NG PHYSICIAN: The offending physician there has certificate ha as the burdel-transit per th and Mental Hygier | ked or the | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE | E OF INJURY STREET, FACTORY, O | | 211. LOCATION STREET | CIT | Y OR TOWN | COUNTY | STATE |
| DIN O O O O O O O O O O O O O O O O O O O | OFF | | 220.1 certify that (I) (this hi | aspital) attended t | the deceased ! | rom | | , to | | . 19 | _, that (I) (we) last |
| TIEN TOR of He | 21 is | | saw the deceased alive | on | | | nd that in (my) (aur) apin | ian death accurred an | the date and | hour and from t | he causes stated |
| the has | . H Hem | | 22b. SIGNATURE | l lor view the boo | l - | | DEGREE ATTENDING | G MEDICAL DIRECTOR P | STAFF | 22c. DA | TE SIGNED |
| HOSPITAL ned by th FUNERAL uld be den | Z | | 224. PHYSICIAN'S NAME | the Object | - | > | 22e. ADDRESS | BOMECTOR | III SICIAI L | | |
| | MPORTAN | 1 | JOHN F. FENW | TCK. MD. | | | LEONARDTOW | N. MARYLAN | 206 | 550 | |
| op sho | ₹- | | BURIAL, CREMATION, REMO | March Christian In St. | | 23c. NAME OF | CEMETERY OR CREMATO | | 7 | COUNTY | CTATE |
| BP | | | BURIAL | 2-21- | -85 | TRINTY | MEMORIAL | WALDOR | F CHAI | | IARYLAND |
| DHMH - 16 50M 4 | /B2 | 100 | UNERAL DIRECTOR | and the second | ADD | ORESS. | | DATE REC'D. BY REGIS | TRAR 256 REC | GISTRAR'S SIGN | ATURE |
| (VRA 15, 4) | | E | DWARD N. BRIN | SFIELD, J | JR. LE | ONARDTO | IN, MD. FEE | 12 5 1900 | quie Da | undson-Han | No. 4 Des |

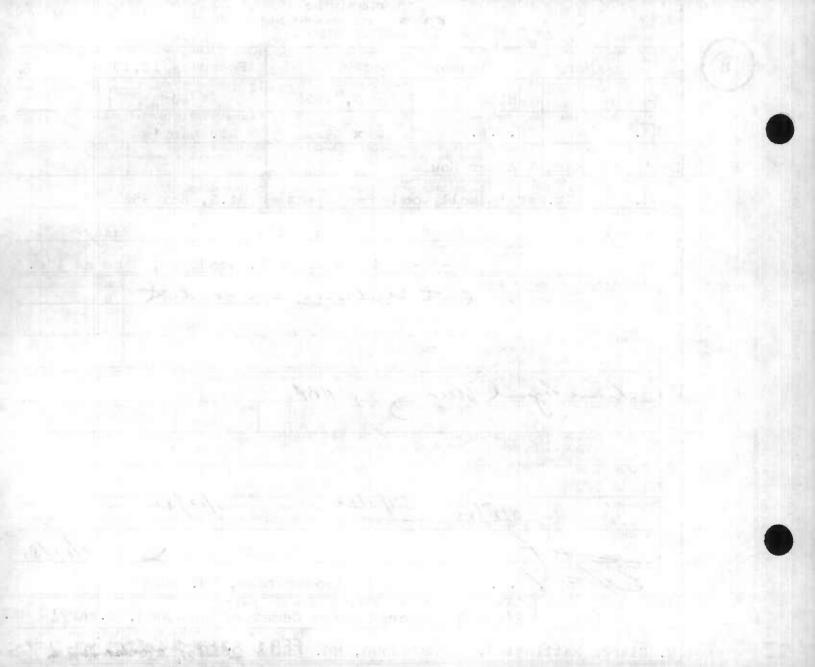




Clarke Mattingley, Leonardtown, Md.

(VRA 15, 4) 1/79

STATE OF MARYLAND



STATE OF MARYLAND STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR STMPSON MATTINGLY February 20. DATE OF BIRTH 15,1909 May Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO MEVER MARRIED U.S.A. WIDOWED DIVORCED [St. Mary's 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Farming INDUSTRY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Leonardtownyes [NOTO Rt.1. Box (20650)

St. Mary's Hospital Leonardtown 130 STATE 136 COUNTY 13c CITY OR TOWN

4 RACE

White

Md. St. Mary 14 FATHER'S NAME

Joseph Maguire

JOHN

I STATE OR FOREIGN

Mattingly

66 SOCIAL SECURITY NO

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY:

Lillian 17 INFORMANT

15. MOTHER'S MAIDEN NAME

ADDRESS

Abell

Ella Latham Mattingly, Same as 13e.

| IMMEDIATE C | AUSE 10) Cardeae arrest |
|--|--------------------------------|
| Canditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF |
| gave rise to immediate cause (a), stating the sunderlying cause last | DUE TO, OR AS A CONSEQUENCE OF |

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

. DECEASED NAME

TYPE OR PRINTS

COUNTRY

10 CITY OR TOWN OF DEATH

NO OR UNKNOWN)

Md

X SEX

Male 70 BIRTHPLACE

HOUR A.M.

PM

21e. PLACE OF INJURY

10, OR AS A CUNSEOUENCE OF CONTROL OF CONTROL DUE TO, OR AS A CONSEQUENCE OF

a cerebral and Subaracline &

APPROXIMATE INTERVAL

19a DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71h. TIME OF INJURY

MONTH DAY YEAR 19

20a AUTOPSY? NO

IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20b. IF YES, WERE FINDINGS USED

STATE

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ gbove, (1) (was later and root view the body after death

23g BURIAL CREMATION REMOVAL

Burial

21d. INJURY OCCURRED

AT HOME STREET, FACTORY OFFICE FARM, ETC 1

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Charles Mem. Grdns.

211 LOCATION

CITY OR TOWN

and that in (my) (our) opinian deoth accurred an the date and haur and fram the causes stated

DIRECTOR PHYSICIAN

COUNTY

NOF

22 SIGNATURE

TIO. PHYSICIAN'S NAME THE OFFER

John F. Fenwick, M.D.

22e ADDRESS Leonardtown, Maryland 20650

ATTENDING

PHYSICIAN A

2-21-81

22c DATE SIGNED

DHMH - 16 60M 7/84

should be deto

MPORTANT

24 FUNERAL DIRECTOR (VRA 15, 4)

W. Clarke Mattingley, Leonardtown, Md.

2/25/85

23b. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

MEDICAL

a Lauren-Randelle

Leonardtown, St. Mary's Md.

JUNE BIRGON CAPETAGES CONTROLS 20, 1985

1,221.53

John E. Jenides, Bronardiors, Estitum 20653

TO COY 1, 1985 1, 1985 3:10 of Et. Sheyfo County

J. Laric Janes, L.L. Jeonaritom, M. 206,0

Commod set 1985

visince signal .38

E:ASE

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Junet U. Loyd, R.D. Leonardtown, margland 20650

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

August Augus STens rebriers 7, 1985 12:05 Towood at the .Ja Letimo of the continue Jeonur toen, mare land 2050 James C. Boys, N. M.

- ti - Denni

| | 1- | FOR STATE REGISTRAR | | | DEPARTA | NENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | | . NO. | 6 1 | 7 4 |
|---|---|---|---|---|---|-----------|---|---|-------------------------|---|----------------------------|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) KTTTY | | MIDDLE BROWN | | | UWALL | February 17, 1985 | | 4.20 A | | |
| | 3 SEX | x Female | | 4 RACE White | | 5. DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| 2 | Ë | RTHPLACE (STATE COUNTRY) Baltimo: | re,Md. | U.S.A | | WIDOWE | | St. Ma | ry's | | MD. |
| 0 | | | | | HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHITY, GWYESTREET APPRESS) Mary S Hospital | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UFE) INDUSTRY Civil Service | | | OF BUSINESS OR |
| 5 | 13a S | AL RESIDENCE (IF STATE | 13b. COUN | | GIVE RESIDENCE BEFORE 131. CITY OR TOW HOLLYW | N | 13d. INSIDE CITY LIMITS? YES NO 🗗 | 13e.STREET ADDRES | SS / ZIP CODE Box 56 | 5120C | 36 |
| O | F | ATHER'S NAME FIRST Robert | C | WIDDLE | Brown | | 15. MOTHER'S MAIDEN NA FIRST Frances | WIDDL | McGir | nnity (AS | 31 |
| | | VAS DECEASED ET YES, NO OR UNKNOWN NO | | MED FORCES? | 220-44- | | Regina E. | | DRESS | 1 | |
| | NC | Conditions, if a gave rise to cause (a), si underlying co | IMMEDIA ony, which immediate ating the ouse lost. | D BY: TE CAUSE (a) DUE TO, O (b) DUE TO, O | r as a conseque | 35 | leasing Color of the term | AINAL DISEASE OR C | ONDITION GIV | De | OMAN ACCIDIATE |
| 1 | CERTIFICATION | 19a DATE OF OPI | ERATION | 196 COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | S, WERE FINDI | |
| 7 | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY 19 21c. PLACE OF INJURY 21c. PLACE | | | | | | | COUNTY | STATE that (I) fundast causes stated STONED | |
| | 230. B | BURIAL, CREMATIO (SPECIFY) Urial | James DN REMOVAL | 236 DATE | | NAME OF C | Leonard CEMETERY OR CREMATORY | 23d LOCATION | | n found at | on Vä |
| | Burial 2/21/85 Arlington National Arlington Arlington Va. | | | | | | | | | | |

Leonardtown, Md.

DHMH - 16 60M 7/84

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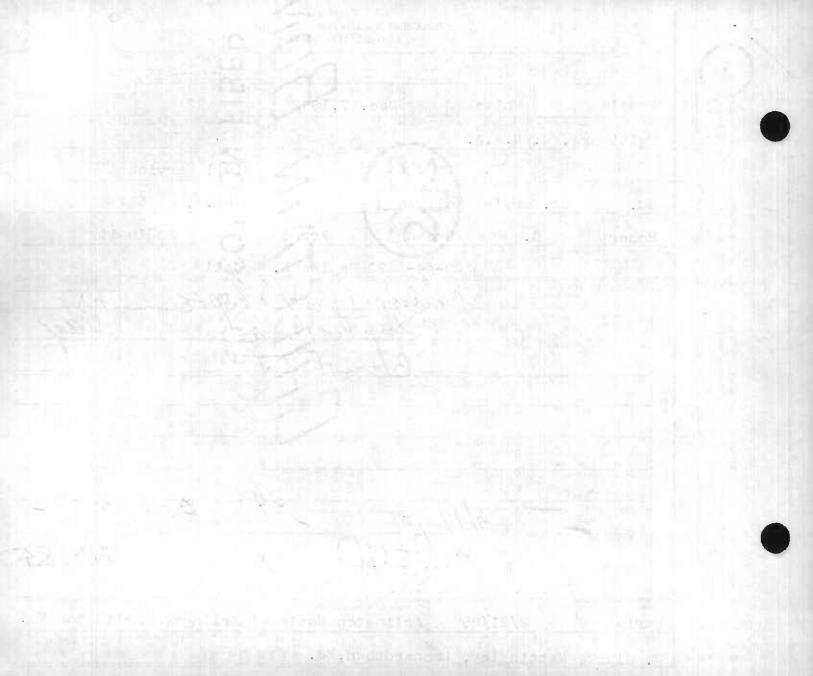
MPORTANT: If them 21 is morked or them 18 shows

Clarke

24 FUNERAL DIRECTOR

Mattingley,

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1. | 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | | | | | |
|---|--|---|---|-------------------------|------------|-----------------------|---|--|---------------|-------------------------------------|--|
| | | CEASED NAME 1951 | TE DATE OF DEATH WORTH DAY HAR TE HOUR | | | | | | | | |
| | | ELIZA | BETH | MARTHA | TH | OMAS | February 2 | 8, 1985 | | 5:20 PM | |
| | 3. SE | X | 4. HACE | | 5. DATE I | | 4. AGE IN HARELAST BUT | | UNITED I HEAR | FUNCTO TAKE | |
| | Fe | emale | Black | | June | e 12,1919 | 65 | YRS | Ins. Oars | - Model | |
| - | 7a. fil | HITHPLACE (STATE OF FOREGRE) | IF CUISEN OF | WHAT COUNTRY? | MARRIE | DENEVER MARRIED | HALTIMORE CITY O | | | 100 Act | |
| 5 | Md | i. | | S.A. WIDOWED DIVORCED | | | St. Mary | 's Coun | ty | AID. | |
| 0 | 1 | Leonardtown | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 15 HOT IN SUCH FACULTY, GIVE STREET ALDRESS! St. Mary's Hospital | | | | 12% USUAL OCCUPATION 12% KIND OF BUSINESS OR 11YM OF WORK FOR MOST OF WORKING LIFE INDUSTRY | | | | |
| 5 | 13n. 5 | AL RESIDENCE IN MARINE COME OF STATE | Mary's | The CITY OF TOW | N | VES NO X | IN STREET ADDRESS BOX | 6 CODE | | (20621) | |
| 0 | 14. F./ | Shedrick | HOOLE | Shade | | IS MOTHERS MAIDEN NAM | ME MEGUI | | Thor | nas | |
| - | Inc. V | WAS DECEASED EVER IN U.S. AR | | | | | ADDRESS | | | | |
| | | NO NO INCOMPRESENTATION | E WAR DE SATES | 212-66-6111 John A. The | | omas Same as above | | ve | | | |
| | NC | Candillions, if ony, which give rise to immediate course institution to the underlying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | |
| 1 | CERTIFICATION | IVA DATE OF OPERATION | 19b. COND | HTION FOR WHICH | OPERATIO | ON WAS PERFORMED | Mix AUTOPSYT | 786 IF YES, W IN CERTIFYIN YES [| NG CAUSES | NGS USED OF DEATH? | |
| 7 | | on condemocracy T. Louist on marin. HOUR A.M. MONTH DAY, YE | | | AY YEAR | 71t HOW INJURY OCCUR | RED TENTER HATURE OF PHILI | EC NO YOU A SECURE | CONFART TO | | |
| | MEDICAL | 214. INJURY OCCURRED WHILE all wides Lindes | 21s PLACE | OF INJURY | ARM, ETC.) | 2H LOCATION | can de 10 | we | COUNTY. | 31400 | |
| | 17 1 certify the 11-like hospital intended the deceased from | | | | | | | | | that (I) (we) fast source shated | |
| (| | 77h SIGNATURE | 4 | h is is | | | MEDICAL STA | IF CIAN [] | 3-4 | 4 - 85 | |
| 1 | | Eugene Guazz | o, M.D. | | _ | Chaptico, | Maryland 20 | 621 | | | |
| | 73a I | BURIAL CHARATION REMOVAL | | 15 S | acre | d Heart Ceme | tery, Buxl | wood, | St.Ma | ary's Mo | |
| | 24. Ft | UNERAL DIRECTOR | | | | 75e DAT | EREC'D. BY REGISTRAR | 25h RÉGISTRA | ES SIGNAL | THEORY | |

DHMH - 16 60M 7/84

MPCRTANT: If Nem 21 is morked or Nem 18 shows am

(VRA 15, 4)

Clarke Mattingley Funeral Home, Leonard MAR 5

town. Md.

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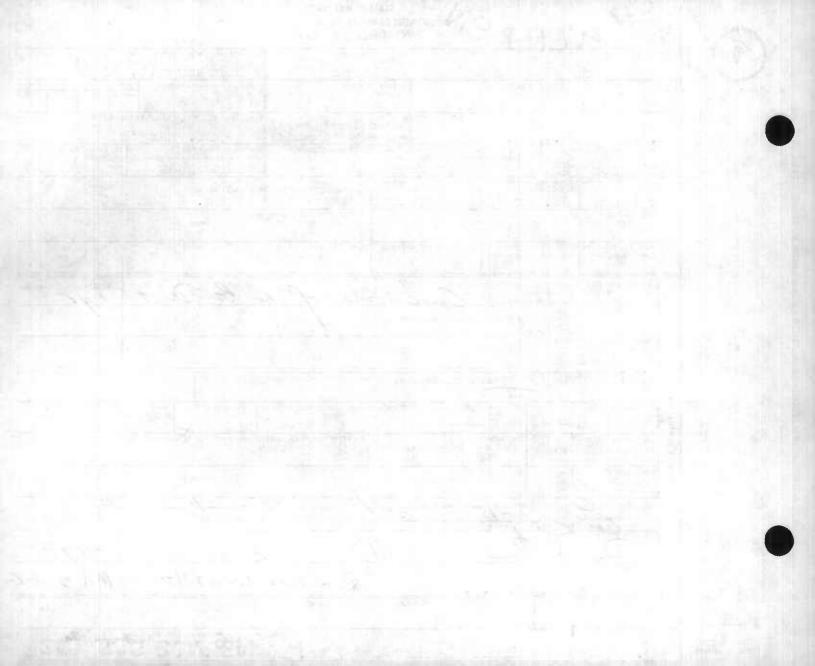
Clarke Mattingley Leonardtown, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH MONTH 1 DECEASED NAME FIRST 7h HOUR TTYPE OR PRINTE LOUISE ELTZABETH WATHEN February 21. 1989 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER I YEAR March 2,1933 White Female 51 BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. WIDOWED St. Mary's County DIVORCED [1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Home Maker St. Mary's Hospital Leonardtown 130 STATE 13b COUNTY Rt.1, Box 536 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? kle, Mechanicsvi Md. St.Mary's NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Knott Comillus Mary Frances Morgan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 217-84-0939 Madeline W. Morgan. Same 13e. APPOXIMATE INTERVAL BETWEEN CHASE AND CLAIM IA CAUSE OF DEATH Enter only one course pey PART I DEATH WAS CAUSED BY IMMEDIATE CALISE IS Conditions, it may, which gave rice to immediate couse in stating the underlying couse limit

NO F ACCEPTAT WAS LONDERLYING. THE HOW INJURY OCCUPRED LENGTH NATURE OF HOURS, IN TERM IS PART & OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTEMUTING CAUSE OF DEATH OF SITHER INDOFF MEDICAL EXAMINER THE INJURY OCCURRED 71e PLACE OF INJURY 711 LOCATION AT HOME STREET, PACTORS - DENCE TARM, ETC.) CITY OR FOWN COUNTY STATE 220 I certify that (1) (this haspital attended the deceased from_ saw the deceased alive an abave, (I) (ye) (dd) (did not) view the body after death. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

should be deto MPORTANT. A. Samadi. M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE

27d. PHYSICIAN'S NAME ITYPE OF PRINT

Leonardtown, Md. 20650

DIRECTOR PHYSICIAN

PHYSICIAN

Morganza, St. Mary's Md. 2/25/85 St. Joseph Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURELOUS DHMH - 16 60M 7/84 W. Clarke Mattingley, Leonardtown, Md.

(VRA 15, 4)

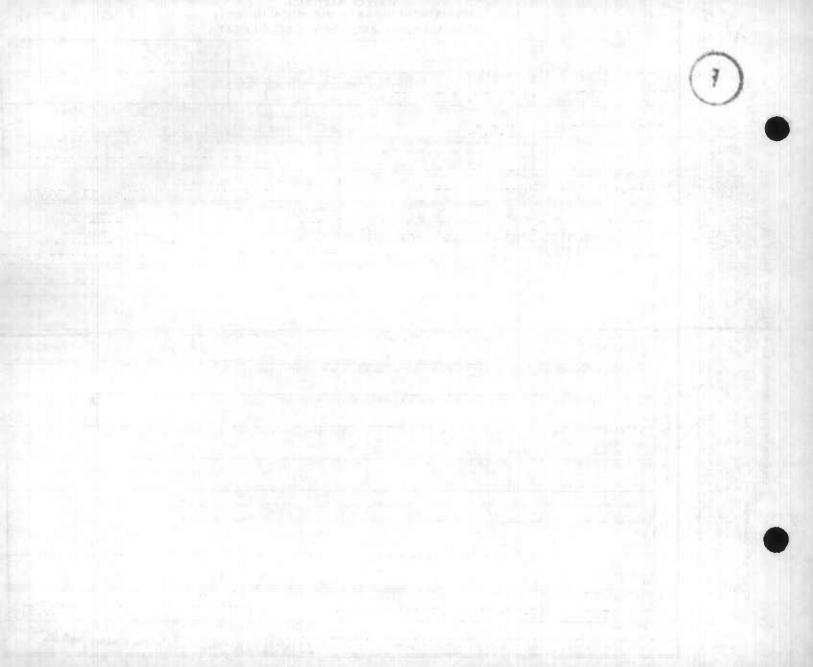
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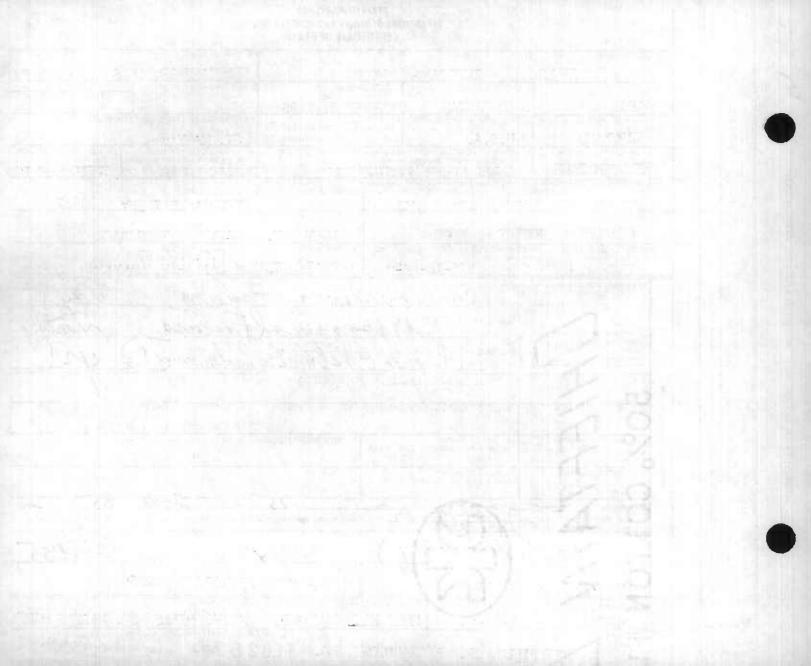
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Lating algeration of

.. Samedi, M.D. Dechardtown, zd. 20650



| X | 1. | FOR STATE REGISTRAR | DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH | HYGIENE 8 5 0 | 6179 |
|--|---------------|--|--------------------------------|---|--|--|
| | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| page 3 | 11111 | JAMES | IRVING | WOOD | FEBRUARY 15, 19 | |
| E 22 | 3. SEX | | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| ge 4 | 1 | MALE | D CAUCASIAN | OCTOBER 5, 1895 | 89 YRS. | |
| leath. Po in 72 hou in 72 hou | 2 | RTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND | U.S.A. | MARRIED LA NEVER MARRIED WIDOWED DIVORCED | □ ST. MARY's | MD |
| offer o | LE | XINGTON PARK | (IF NOT IN SUCH FACILITY, GIVE | IRSING HOME OR OTHER INSTITUTION STREET ADDRESS) NURSING HOME | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEF PUBLIC WORKS DEP | |
| s within 24 hour pletsly tilled in and 2 should be commercially be | M | ARYLAND ST. I | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | GENERAL DELIVER | LAST |
| Poperk of | | AS DECEASED EVER IN U.S. A | PMED FORCES? THE SOCIAL | SECURITY NO. 17. INFORMANT | P.O. BOX 97 | Transper St. |
| DNG PHYSICIAN The fow requires that the death of attending physician. When this certificate has been signed by the attending the base that the board force card the and Amenal Hygiering prior to bursol, cremation, or card or been 18 shows any rejury, or other traumants. | CERTIFICATION | Conditions, if any, which, gave rise to immediate cause for stating the underlying cause lost. PART 2: OTHER SIGNIFICANT 19s. DATE OF OPERATION | CONDITIONS CONTRIBUTING | EQUENCE OF CAROLA EQUENCE OF OF STANDARD LTO DEATH BUT NOT RELATED TO THE T | 286. AUTOPSY? 286. IF YE | (EN IN FAIT 1) D. S, WERE FINDINGS USED PYTHOG CAUSES OF DEATH? |
| JAN. The physician thicate h di-trontary to Hygier m 18 shown | AL CERTI | SIR ACCIDENT MAS INDESCRING | HOUR A.M. MONTH | | TES NO YES | The state of the s |
| G PHYSE otherding er this cer is the bysic and for the | MEDIC | THE STHER NOTHY MEDICAL EXAMINE THE INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY | TH. LOCATION | EITY ORTOWN | COUNTY STATE |
| CTOR. Alter use on the use of the use on the use of the use on the use of the | | THE RESERVE OF THE PARTY OF THE | or hey the body attendenth. | | to | |
| HOSPITAL OR A mined by the hos of Diversal DIREC outlibe detected the State Dept. POSTANT, if hem | _ | 234 PHYSICIAN SNAME (1994 | & Jarber | 71: ADDRESS | N X DIRECTOR PHYSICIAN | 2/18/85 |
| OH O H | | PATRICK J. J. | ARBØE MD | LEONARDTO | WN, MARYLAND 2065 | .0 |
| BP | | BURTAL | 2-19-85 | HOLY FACE CATHOLIC | GREAT MILLS S | T. MARY'S MARYI |
| DHMH - 16 50M 4/82 (VRA 15, 4) | | UNEWAL DIRECTOR NAME DWARD N. BRINS | FIELD, JR. LE | ONARDTOWN, MD. | B 2 5 1985 gulia Da | Vidon-Pandalle |



| 0 /1 | FOR | DEPARTMENT OF H | EALTH AND MENTAL HYGIE | SE O () | |
|---------------|--|--|---|------------------------------------|--|
| 0 | STATE REGISTRAR | | ER'S CERTIFICATE OF DE | | |
| | ECEASED NAME FIRST | WIDDLE | LAST | 20. DATE KNOWN N MO | INTH DAY YEAR 26 HOU |
| (1) | Judy | Clare | Wood | OF ESTI- | 2/27/ 1985 |
| 3. SE | | 5 DATE OF BIRTH 6. AGE (IN YEA | RS IF UNDER 1 YR. IF UNDER 24 HRS | 21. DATE MON | |
| F | EMALE WHITE | DECC 16,1960 24 YR | MONTHS DATS HOOKS MIN | PRONOUNCED DEAD | 2/ 27/1985 P |
| 7a E | SIRTHPLACE (STATE OR | 76 CITIZEN OF WHAT COUNTRY? | | 9. BALTIMORE CITY OR CO | 2/ 2// 00 1 |
| | ARYLAND | | MARRIED X NEVER MARRIED WIDOWED DIVORCED | | |
| | TITY OR TOWN OF DEATH | U.S.A. | | St. Mary's C | OUTITY MI |
| 10 | Dalaman Diana | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | FOI | MOST OF WORKING LIFE) | OR INDUSTRY |
| USU | Patuxent Rive AL RESIDENCE (IF IN NURSING HOME | Patuxent River Nav | | DECRETARI | |
| 130 M | ARYLAND 136 COUN | MARY'S DAMERON | | REET ADDRESS | 20620 |
| - | ATHER'S NAME | MAKE S JUANERON | YES NO X F | O. BOX 58 | 20628 |
| | GEORGE | C. NORRIS | OLARE | MIDDLE | D TDODY Y |
| 160 | WAS DECEASED EVER IN U.S. AS | | | D ABORESS OF | RIDGELL |
| - (| | 212-56-04 | | P. OOREBOX OOD, DAMERON, | MADVI AND |
| - | | | 33 CHARLES K. N | OCD, DAMERON, | |
| | PART I DEATH WAS CAUSE | nly ane cause per line for (a), (b), and (c).) ED BY: | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | 2120 IMMEDIA | TE CAUSE (o) MUITT | ple Injuries | | |
| K | Canditions, if any, which | | | | |
| 10 | gave rise to immediate couse (a) stating the under | | | | |
| | lying cause last. | DOE 10, OK AS A CONSEQUENCE O | | | |
| | PART 2 DIHER SIGNIFICANT CONDITIONS | (c) | AL DICEACE BE COMMITTING CINEN IN BARY 1 | | |
| Z | | TOTAL DESIGNATION OF THE PERSON OF THE PERSO | THE DISEASE OR CONDITION DIVER IN PART [10]. | | |
| ATIO | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 28 AUTOPSY? |
| IFIC | | | | | |
| CERTIFICATION | 210 EXTERNAL CAUSE WAS | 21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR | 21¢ HOW INJURY OCCURRED (ENTER | NATURE OF INJURY IN ITEM 18 PART 1 | |
| | UNDERLYING OR CONTRIBUTING CAUSE OF | | | | |
| MEDICAL | 214 INTURY OCCUPRED | 21e PLACE OF INJURY (AT HOME, | 211 LOCATION | ACO COTITATOII, | PITITICA |
| × | WHILE NOT WHILE AT WORK | STREET, FACTORY, FARM, ETC.) | D+ 235 Damoron | CH Mary C | STATE STATE |
| | | Toadway | | , St. Mary's C | O., Ma. |
| | | ge of the remains described above, held an | Autopsy X. Inspection . | | ny apinian |
| | death resulted from: Note | Accident X, Suice | | termined monner . | |
| | ACTUAL | 1/1/2 | TITLE (SPECIFY) | 0.4 | ATE 2/20/05 |
| | SIGNATURE | VIU | M.D. <u>Assistant</u> MEI | DICAL EXAMINER SK | ATE 2/28/85 |
| 1 | EXAMINER'S NAME | egory R. Kauffman, M.I | 111 p | enn St. | |
| 230 5 | (TYPE OR PRINT)GTG | | | OCATION | |
| 230.1 | SURIAL, CREMATION, REMOVAL | | CIT | ORTOWN | COUNTY STATE |
| | UNERAL DIRECTOR | 3/4/83 S1. MICH | AEL'S CATHOLIC RI | DGE, ST. MARY | S. MARYLAND |
| | DWARD N. BRINSF | IELD, JR., LEONARDTOW | A B A 600 | | draw But on |
| | THE DISTINCT. | THURSON OIL . THOUSALTH ON | Y. I'U. I FRAIL () | Indiana de la constante | Colons Colone Co |

STATE OF MARYLAND

